

TRANSMITTAL LETTER	Docket No. A008-7007US0
Applicant(s): David A. Eves, et al. Serial No: 10/540,315 Filed: June 21, 2005 For: METHOD AND SYSTEM FOR AUGMENTING AN AUDIO SIGNAL Examiner: Shah, Paras D. Art Unit: 2626 Conf. No.: 1627	

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Enclosures

- | | |
|--|---|
| <input checked="" type="checkbox"/> Power of Attorney or Revocation of Power of Attorney With a New Power of Attorney and Change of Correspondence Address | <input type="checkbox"/> Request for Corrected Filing Receipt |
| <input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b) | <input type="checkbox"/> Copy of Original Filing Receipt |
| <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Request for Continued Examination |
| <input type="checkbox"/> Declaration/Power of Attorney | <input type="checkbox"/> Request for Reconsideration |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Response to Missing Parts |
| <input type="checkbox"/> Invention Disclosure Document | <input type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Sheets Formal Drawing(s) |
| <input type="checkbox"/> Petition for | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Power of Attorney Form | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Request for Certified Copies | <input type="checkbox"/> Other: |

/Bruce D. Jobse/

Date: 2008-12-11

Bruce D. Jobse, Esq., Reg. No. 33,518
 Rissman Jobse Hendricks & Oliverio, LLP
 Customer Number 021127
 Tel: (617)933-4455 Fax: (617) 367-4656